

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534781

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51		1	1			
2	1		1				52	1		1			
3		1		1			53		1		1		
4		1		1			54		1		1		
5		1		1			55		1		1		
6		1		1			56		1		1		
7		1		1			57		1		1		
8		1		1			58		1		1		
9		1		1			59		1		1		
10		1		1			60		1		1		
11		1		1			61		1		1		
12		1		1			62	1		1			
13		1		1			63		1		1		
14		1		1			64	1		1			
15		1		1			65		1		1		
16		1		1			66	1		1			
17		1		1			67		1		1		
18		1		1			68		1		1		
19		1		1			69		1		1		
20		1		1			70		1		1		
21		1		1			71		1		1		
22		1		1			72		1		1		
23		1		1			73		1		1		
24		1		1			74		1		1		
25		1		1			75		1		1		
26		1		1			76		1		1		
27		1		1			77		1		1		
28		1		1			78		1		1		
29	1		1				79		1		1		
30		1		1			80		1		1		
31		1		1			81		1		1		
32		1		1			82		1		1		
33		1		1			83		1		1		
34		1		1			84		1		1		
35		1		1			85		1		1		
36		1		1			86		1		1		
37		1		1			87		1		1		
38		1		1			88		1		1		
39		1		1			89		1		1		
40		1		1			90		1		1		
41		1		1			91		1		1		
42		1		1			92		1		1		
43		1		1			93		1		1		
44	1		1				94		1		1		
45		1		1			95		1		1		
46		1		1			96		1		1		
47		1		1			97		1		1		
48		1		1			98		1		1		
49		1		1			99		1		1		
50		1		1			100		1		1		
TOTAL IND.		↓		↓		↓	TOTAL IND.	8	↓	8	↓		↓
TOTAL DEP.		←		←		←	TOTAL DEP.	82	←	31	←		←
TOTAL CLAIMS							TOTAL CLAIMS	90		39			

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